

**North Dakota Department of Health  
Division of Emergency Medical Services & Trauma  
600 East Boulevard Avenue, Department 301  
Bismarck, North Dakota 58505-0200**

**North Dakota Rural EMS Assistance Fund  
Grant Guidance**

**July 1, 2014-June 30, 2015**

## **General Information**

### **Overview/History of Funding**

Funding for this grant will be approximately \$3,000,000. The North Dakota Department of Health (NDDoH) will award available dollars beginning July 1, 2014.

It is expected that there will be a reduction in the number of funding areas for future funding cycles. There are currently 94 funding areas. Funding areas are strongly encouraged to form relationships and collaborative efforts. Refer to Appendix B for a map of the funding areas and an overlay of the counties.

### **Eligibility Requirements**

In order for a funding area to be eligible for this funding, they must:

- Ensure that each participating ambulance service is a legal entity registered with the N.D. Secretary of State.
- Have one legal entity/agency that will act as the primary contact and have the infrastructure to receive and distribute the funds.
- Ensure all ambulance services within the funding area bill for services at least equivalent to the Medicare billing level.
- Contribute a local match of at least \$10 per capita (Appendix C) based on the funding area. The match cannot be accomplished using other state funds or volunteer hours. Actual paid expenses, in-kind contribution, donations, local and county mill levies and revenues from ambulance runs may be included.
- Submit a completed application form (SFN 60162) to the NDDoH postmarked no later than the established deadline.
- Submit only one application from each funding area. However, professionally prepared financial statements or the Financial Information Form and the Sustainability Assessment must be completed by each ambulance service in the funding area and submitted with the application.
- Include each EMS agency within a funding area(s) in the planning process. Priority will be given to projects demonstrating participation by all EMS agencies within the funding area(s). If an agency chooses not to participate, explain why and describe the efforts made to include them.

### **Purpose**

The intent of this funding is to facilitate or assist the operation of rural emergency medical services (EMS) and the development of an EMS system within the state of North Dakota. Funding for each project will be awarded on the basis of 1) the requirements as stated above; and 2) the application scoring. It is important that the applicant convey to the reviewing committee the need for this funding and how this funding will be used in a manner that provides benefit to all of the members and communities that they represent. This can include, but is not limited to, shared programs/services, operational expenses, staffing, leadership/management training, quality improvement, evaluation, recruitment/retention, organizational restructuring, building improvements for structural integrity or the addition of sleeping quarters, and specified ambulance vehicles, etc. A thorough description of the program and its benefits should be the focus of the application along with describing the needs within a funding area in order to maintain minimal EMS operations. Please be thorough, clear and concise in your application.

### **Modification of Funding Areas**

Funding areas were designed based on the legislative intent of North Dakota Century Code 23-46 and experience from the first and second cycles of funding area grants. A written petition may be submitted to the NDDoH outlining a compelling reason why an ambulance service feels the realignment of a current funding area(s) would better serve the development of an integrated system of care and increase efficiency and quality throughout North Dakota. The department will consider such petitions on a case-by-case basis; however, based

on the application deadline petitions must be received by the Division of EMS and Trauma (DEMST) by May 1, 2014, for the current funding cycle.

### **Deadline**

The original typed copy, bearing original signatures, must be postmarked by no later than 5 p.m., on June 6, 2014. No facsimile (fax) transmissions or handwritten applications will be accepted. Applications not meeting the deadline, sent via facsimile, submitted in handwriting or not in accordance with the application's instructions, will not be accepted or considered for funding.

### **Application Review Process / Scoring**

All applications will be reviewed by a panel consisting of two representatives from the NDDoH and one representative from the ND EMS Association who does not represent a provider/agency that could potentially gain from this funding.

This is a competitive process for areas in financial and/or systems need. Awards will be based on a display of financial need, justifiable project design, collaboration, and EMS system building.

The application has a maximum of 180 points and is broken out by the areas below. Each category is divided into subcategories. Please note that the available points per subcategory total the available points per category.

- Need (60 points)
- Project Description and Justification (60 points)
- Collaboration (60 points)

### **Requirements of Grant Acceptance**

- Grant awardees and their partners must be in compliance with all state and federal regulations.
- Requests for reimbursement must be made through the NDDoH Program Reporting System (PRS) after expenses are incurred.
  1. Reimbursement requests and accompanying documentation will be made to the NDDoH monthly. The primary agency or legal entity will be reimbursed for the expenses incurred.
  2. Reimbursement requests must be made within 90 days of expense unless approval is received by the Division of EMS and Trauma. **Reimbursement requests will not be accepted after July 10, 2015.**
  3. Reimbursements will follow the original contract agreement that includes explanation of the project. If a change in allocation per category is desired, a detailed written request must be submitted to the NDDoH. Approval or denial of the change will be determined by the NDDoH. If the request is denied the contractor must then follow the original intent of the grant. If the original intent of the grant is not followed, the funds allocated may be withdrawn and reallocated to other funding areas per NDDoH discretion.
  4. Only one individual from each funding area may have access to the Program Reporting System (PRS) to make requests. This person may not be changed unless emergency conditions exist.
  5. Each ambulance service within the funding area may request access to view current status of the grant and reimbursement request. The individual must obtain a login from the Information Technology Department (ITD) of the State of North Dakota.
- Each ambulance service within a funding area must complete the *Volunteer Ambulance Service Sustainability: A Self-Assessment Tool* and submit the self-assessment score sheet along with the application.
- **Contracts that are issued and not returned within 60 days of receipt will not be accepted and monies awarded will be retracted and reallocated.**

- The state has the right to audit projects for financial and operational activities. It is imperative that each funding area maintain copies of all expenses incurred. Awardees must maintain all financial and operational records for at least three years following the completion of the contract.
- Grant awardees will be obligated to repay any funds spent which are not in compliance with state laws or not in accordance with the project contract.
- A year-end narrative report detailing accomplishments and inadequacies for the funding area will be required. DEMST will develop a format to be used for this report.
- Big Picture information for each ambulance service, substation, and quick response unit must be up to date and accurate. It is necessary to have up-to-date information including personnel rosters and vehicle rosters, as well as general service information. If information is found to be inaccurate, the funds allocated may be withdrawn and reallocated to other funding areas per NDDoH discretion.
- Up-to-date run reporting through WebCur is required for each ambulance or substation.
- If requests for funding exceed appropriated funding, DEMST reserves the right to award funding on a percentage basis and/or make decisions to disallow specific projects/items.
- The following projects/items are disallowed.
  - New building and building projects unless:
    - the requested project ensures the integrity of an existing building (e.g. leaking roof, unstable building, etc.) or
    - staff quarters are to be added on
  - Monitors/defibrillators for backup vehicles
  - Funding for new ambulance vehicles unless the request is to replace a primary vehicle that:
    - is at least 10 years old, or
    - has more than 100,000 miles.
  - Portable radios in quantities greater than six
  - Automated CPR machines
- The funding period will be July 1, 2014, to June 30, 2015. **No carryover of funds will be allowed.** Final reimbursement requests must be received by July 10, 2015, in order to be processed.

### **Application/Additional Document Instructions**

These instructions are to assist you in fully completing this application for your funding area. Please read all instructions thoroughly before completing the application. This application **MUST BE** fully completed before submission. Incomplete applications **will not** be considered. The date and signatures of the authorized representatives (i.e., squad leaders or board chairpersons) of all involved entities/services are needed in order for this application to be considered complete.

Handwritten forms will not be accepted. Please go to our website at [www.ndhealth.gov/ems](http://www.ndhealth.gov/ems) and click on the link Rural EMS Assistance Fund Information for the application form. This form can be filled out on any computer that has a PDF reader program installed. Most PDF reader programs may be downloaded free of charge from the internet. Be sure you have the latest version of the software installed before beginning the application process.

*“Legal entity/service”* – Refers to the agency that will act as lead in this project and is a recognized legal entity.

*“Physical address”* – Refers to the physical location of the service within the community. This may or may not be the mailing address since many services do not have someone at their building at all times and may use a contact person’s address as a mailing address.

*“Mailing address”* - Refers to the address where all mailings from NDDoH DEMST will be directed.

“*Contact Person/Representative*,” “*E-mail Address*” and “*Daytime Telephone*” – Refers to the person to be contacted if there are any questions with the application/project.

“*Total Amount Requested*” – This number is the total amount being requested for a project. Awards may be made up to this amount depending on funding available. An alternative plan should be in place that will accommodate lesser amounts of funding awarded.

“*Funding Area Number*” – This is the number assigned to the funding area upon application of this grant cycle. This number may be found on the included map (Appendix B). Only one application will be accepted per funding area.

“*If combining/or collaborating with another funding area, list those funding area numbers here*” – If the applying funding area is working with another funding area on this project, list the involved funding area numbers here. Each funding area may still submit their own application with each project reflecting the collaboration efforts in their project. Working with other funding areas is strongly encouraged.

“*Checklist of Required Documentation*” – List the name of each ambulance service included within the applying funding area/project. Each of the listed items must be included and completed for each ambulance service. Please check the box as verification that this has been done.

## **Need - (60 points possible)**

“*Need*” – This is a competitive process for areas in financial and/or systems need. The information provided will be utilized in the establishment of financial and/or systems need.

- i. Establish financial need for the funding area.
  - Attach professionally prepared financial statements for each ambulance service within the funding area included in the application. The financial statements to be included are a balance sheet and an income statement. Do not fill out the Financial Information Form if you are attaching financial statements. **(40 points possible)**
- OR**
  - Complete the Financial Information Form for each ambulance service within the funding area included in the application. **(25 points possible)**
- ii. Establish an understanding of the current state of EMS in the funding area by the completion of the *Volunteer Ambulance Service Sustainability: A Self-Assessment Tool* by each ambulance service within the funding area included in the application packet. **(20 points possible)**

“*Financial Information Form*” – This form will be used to assist in establishing financial need by the funding area for the project described in the application. This information must be provided by each ambulance service within the applying funding area and submitted with the funding area application. Individual copies of the form can be downloaded from the DEMST website. Professionally prepared financial statements are preferred and will be awarded more points if provided in lieu of filling out the Financial Information Form.

- **The numbers on these instructions correspond with the numbered items on the *Financial Information Form*.**
  1. A fiscal year is a period used for calculating annual financial amounts in businesses and other organizations.

- **The information for items numbered 2-6 are to be entered as of fiscal year end.**
  2. Cash in Bank – Please enter the amount of cash that your ambulance service has in the bank. Make sure to include all checking and savings accounts, as well as Certificates of Deposit and investments.
  3. Accounts Receivable – Please enter your ambulance service’s accounts receivable amount. This is the amount of money which is owed to you for supplies and services rendered by the fiscal year end which have not yet been paid to you.
  4. Equipment – Please list all of the ambulances and other vehicles that your service owns. Also answer the questions about your building.
  5. Accounts Payable – Please enter your ambulance service’s accounts payable amount. This is the total amount of money that you owe your vendors for supplies and services received before fiscal year end that you have not yet paid. Please list individually any bills that are not paid that are over 30 days past the due date issued by the vendor. Make sure that the bills 30 days past due are included in the total accounts payable amount entered.
  6. Outstanding Loans – Please list the loans that your ambulance service is making payments towards.
- **The information for items numbered 7-9 are to be entered for the entire fiscal year. Revenue and expenses are to be accounted for on a cash basis; recording revenue actually received within the fiscal year and expenses actually paid within the fiscal year.**
  7. Revenues – Please list the total amount of money received by your ambulance service for the specified types of revenue. Add together all of the specified revenue amounts and place that amount in the “Total Revenue” box.
  8. Expenses – Please fill in the amounts of the expenses listed that your ambulance service has paid by check or credit card. Do not list loan payments. Add all of the separate expense amounts together and place that amount in the “Total Expenses” box.
    - \* Subtract the “Total Expenses” amount from the “Total Revenue” amount and place that amount in the “Revenues-Expenses” box.
  9. Please list any items that you have not purchased or projects not attempted because of shortages in funds.

**\*\*Referencing North Dakota Century Code 23-46-04. Emergency medical services operations that request financial assistance from the state must provide requested fiscal information to the state department of health for use in financial assistance determinations. All information provided to the department under this section is confidential.**

*“Volunteer Ambulance Service Sustainability: A Self-Assessment Tool/Score Sheet”* – This tool must be completed by each ambulance service within the applying funding area.

Directions for self-assessment tool:

1. Answer each question under each element as honestly as possible as it pertains to your ambulance service (not the funding area as a whole).
2. Add up the total of ‘yes’ and ‘no’ answers in each column and list the total for ‘A’ and ‘B’ at the bottom of each element.
3. Transfer the totals for each element onto the *self-assessment score sheet*.
4. Evaluation information for these scores can be found on pages 12 – 14 of the self-assessment tool.

A “self-assessment score sheet” for each ambulance service must be submitted along with the funding area application. A head-quarter ambulance must include any affiliated substation services in their completion of the self-assessment. Individual copies of this form can be found on the DEMST website.

## **Project Description and Justification - (60 points possible)**

*“Project Description and Justification”* – Provide a detailed description of the project for which funds are being applied. This description should include the issues being addressed as well as their solutions. The fillable area is limited to the space that is visible. Please be as detailed as possible, but try to limit the description to the area in the box. If needed you may attach a separate document to explain the project in further detail. To successfully complete this section of the application, the project description will describe in detail how the planned funding area project will meet/has met each of the subcategories listed below:

- i. Does the project provide services to the funding area at a reasonable cost while building an EMS system? **(10 points possible)**
- ii. Does the project help create or improve a system of care that increases efficiency and quality in the area? **(10 points possible)**
- iii. Does the project provide opportunity for staff development? **(5 points possible)**
- iv. Does the project improve patient care? **(15 points possible)**
- v. Does the project address a need identified in the self-assessment? **(5 points possible)**
- vi. Does the project contain efforts to increase public education and awareness of an EMS system and the costs involved? **(5 points possible)**
- vii. Have providers from the funding area attended leadership and/or management training? Please list how many attended each level. **(10 points possible)**

## **Collaboration – (60 points possible)**

*“Collaboration”* – Describe collaboration between services within the same funding area or among adjoining funding areas. Only one application will be accepted from each funding area. Collaboration on projects with surrounding services, including quick response units, is highly encouraged (see definition and examples listed below).

If an ambulance service within the funding area chooses not to participate, it must be explained in this area. Efforts made to include the ambulance service must be described.

The fillable area is limited to the space that is visible. Please be as detailed as possible, but try to limit the description to the area in the box. If needed you may attach a separate document to explain in further detail. To successfully complete this section of the application, describe how the planned funding area project will meet/has met each of the subcategories listed. The following questions should be directly addressed within the description of collaboration efforts.

- i. Are all EMS entities within the funding area collaborating? **(10 points possible)**
- ii. Is there collaboration within the funding area among entities such as public health, hospitals, clinics, schools, law enforcement, fire, etc.? **(10 points possible)**
- iii. Is the applying funding area collaborating with another funding area(s)? **(10 points possible)**
- iv. Is there an active relationship and sharing of medical direction throughout the funding area? **(5 points possible)**
- v. Is there a written strategic plan and goals for the future of the funding area? **(5 points possible)**
- vi. Have two or more funding areas consolidated into one? If so, please explain the process that occurred and how the EMS entities involved are developing a more efficient EMS system. **(20 points possible)**

**Collaboration** is defined as working with each other to do a task. It is a continual process in which two or more people or organizations work together to realize shared goals.

In order to further develop an EMS System in North Dakota, as the *North Dakota Rural EMS Assistance Fund* progresses it is expected that there will be a reduction in the number of funding areas for future funding cycles. Therefore, current funding areas are strongly encouraged to form relationships and collaborative efforts. Consolidation of current funding areas is encouraged. These efforts will be rewarded with higher scoring and therefore better chances of receiving funds and/or receiving a higher percentage of requested funds.

The goal of reducing the number of funding areas is to increase the efficiency of the EMS system. The increase of efficiency would occur by reducing the amount of duplication in administrative. Administrative costs include but are not limited to managing, scheduling, training and tracking staff and volunteers, completing or contracting for business services such as billing and bill collection, organizational governance, acquisition and maintenance of durable and disposable equipment and supplies. Reducing the amount of administrative costs has the potential of achieving significant costs savings.

Examples of *collaboration* include, but **are not limited to**:

1. Two or more services hire shared staffing to manage or take call between both services. This staff may have responsibilities that include, but are not limited to, assuring that units and equipment are fully functional, performing bookkeeping services, making sure protocols are up to date, acting as a liaison between collaborating services, assuring active relationships and sharing of medical direction, coordinating meetings or education for providers, as well as other duties as assigned.
2. Two or more services work together to hire a full-time individual to provide care on calls. This may include hiring part-time services for day or night time coverage.
3. Two or more funding areas work together to establish a regional system of EMS to ensure that all calls within that geographic region are responded to in a timely fashion regardless of the status of the primary responding ambulance service. This system should assure that if a primary responding ambulance service is out of the community on a transfer, coverage for the area is maintained through agreements with surrounding ambulance services.
4. Two or more funding areas work together for the strategic planning of their region. This would include a written document that sets the direction and goals for the future of EMS in that area.
5. Ambulance services and local medical resources (i.e., hospitals, clinics, etc.) work together to best utilize the available resources within their area of responsibility.
6. A funding area determines that the area is best served by one headquarter ambulance and a system of substations or quick response units (QRUs) in order to decrease the administrative overhead and to build a more cohesive system.
7. All ambulance services within a funding area share the same medical director and the funding area jointly compensates that medical director for their services including efforts to initiate a quality improvement program involving all the EMS agencies within the funding area.

*“Project Budget Itemization”* – Refer to the following information regarding budget categories.

#### Budget Itemization Category Information

##### Personnel/Staffing Category:

*Staffing* – *There is no limit on staffing per funding area as long as the request is reasonable, both in cost and number of resources.* This may be used for payroll needs of the service. Funds may be used for management, providers and administrative support.

##### Travel, Food and Lodging Category:

###### *Meeting Logistics:*

This may be used for expenses related to conducting meetings regarding the project. It may also be used for attending leadership/management meetings. It may not be used for EMS education.



**Supplies Category:**

This includes anticipated supplies to be purchased through this grant cycle. Supplies may include medical, cleaning, computers, office and other general supplies needed for day-to-day operation of the service.

**Rent/Utilities Category:**

This may be used for any rent or utilities that the agency may incur each month. This may include electrical, gas or other utilities.

**Communications Category:**

This can include any telephone (including cell phone) expenses as well as communication equipment for vehicles. This may also include data packages associated with cellular phone companies.

**Equipment Category:**

*EMS Equipment:*

Any equipment required for your funding area or each individual EMS operation.

**Consultant/Contractual Category:**

This does not include staffing costs if the employee is hired directly through your service. If you contract with another entity to provide staffing, that cost would go here.

*Accounting/CPA fees:*

This may be used to hire an accountant/CPA to do formal bookkeeping and financial statement preparation for the ambulance services within the funding area.

*Organizational Structuring or Restructuring: MAX \$10,000 per funding area.*

This may be used for legal fees (i.e., corporation development, etc.) or for accountant fees.

*Medical Director: MAX \$9,000 per ambulance service within a funding area.*

May be used to pay for a medical director's services or shared medical director's service. If ambulance services are collaborating with medical director services, they may join their "Max" funds together for paid services.

**Other/Optional:**

Projects are not limited to the categories listed. The "other" category should be used for requests outside of the described categories. Please list a category name for "Other/Optional" categories in the space provided – do not place "general" or "other" in this field. Other needs for your funding area must be outlined in the project description with line items in the submitted budget. If an expense is placed in this field, you must state in your project description how this will enhance the service in your area.

*Bad debt will not be an allowable category. This information is being collected for information purposes only.*

*Ambulance Vehicle: MAX \$50,000 per qualifying ambulance vehicle.*

This may be used toward the purchase of a primary ambulance vehicle as long as the current vehicle has either 100,000 miles or greater or is in excess of 10 years old. The remaining amount must be supplied by the funding area or the ambulance service. Other vehicle purchases besides an ambulance replacement will not be accepted.

*Capital purchases: MAX \$50,000 per funding area.*

This may include equipment, building improvements, etc. Keep in mind that all funds must be spent during this grant cycle and may not be carried over to the next fiscal year.

*Fuel: MAX \$7,500 per ambulance service within the funding area.*

This may be used for gas/diesel for ambulance units. Receipts must be kept by the ambulance service.

*Database/ePCR system to include computer(s) and internet purchase: MAX \$5,000 per ambulance service within the funding area.*

All services must utilize the same software. The system must be operational within 90 days of purchase including successful upload to the state. Reimbursement requests may be made only after successful upload of data to the state. (Ambulances should make successful upload part of their contract with the vendor.)

*“Project Budget Justification”* – All requested items must be thoroughly justified and clearly related to the proposed project(s). Utilizing the numbers listed in the *Project Budget Itemization*, briefly describe in detail how the requested monies will be spent in each category of the proposed budget.

*“Signature Block”* – This area is for required signatures by authorized representatives (i.e., squad leader/board chairperson) of each collaborating service. Signature in this block verifies agreement of all arrangements/project efforts established in this grant application. If no other service is involved (only one ambulance service contained within the funding area), no signatures are needed in this area.

*“Signature of Authorized Representative”* – This must be signed by the authorized representative (i.e., squad leader/board chairperson) of the legal entity/agency acting as the primary contact for the project.

### **Audit Requirements**

Audit requirements will be included in the final grant award and the funding area or ambulance service will need to be able to provide invoices for all expenses claimed.

### **Completion of the Application Process**

Please make sure that all areas of the application are complete and all necessary attachments accompany the application. The application must be postmarked no later than 5 p.m. on June 6, 2014, in order to be considered. No faxed or e-mailed applications received before or after the deadline will be accepted under any circumstances. Applications may be mailed or hand delivered to our office at the address listed below.

### **Application Submission Options**

1. Applications may be hand delivered to:

North Dakota Department of Health, Division of Emergency Medical Services & Trauma, located in the Judicial Wing of the Capitol Building at 600 East Boulevard Avenue, Second Floor, Suite 207, Bismarck, N.D.

2. Applications may be sent by mail addressed to:

North Dakota Department of Health  
Division of Emergency Medical Services & Trauma  
600 East Boulevard Ave., Dept. 301  
Bismarck, N.D. 58505-0200

## **Appendix A – Century Code 23-46**

### **CHAPTER 23-46 EMERGENCY MEDICAL SERVICES**

#### **23-46-01. Definitions.**

For purposes of this chapter:

1. "Emergency medical services funding area" means a geographic area eligible for state assistance and includes one or more licensed ambulance operations.
2. "Minimum reasonable cost" means the cost of operating one transporting ambulance service or the sum of the cost to operate one transporting ambulance service and any combination of one substation and one quick response unit.
3. "Required local matching funds" means revenue generated by the provision of emergency medical services, local mill levies, local sales tax, local donations, and in-kind donations of services.

#### **23-46-02. Emergency medical services advisory council.**

The state department of health shall establish an emergency medical services advisory council. The council must include at least three representatives appointed by an emergency medical services organization, one individual to represent basic life support and one individual to represent advanced life support, both appointed by the state health officer, and other members designated by the state health officer, not to exceed a total of fourteen members. The department shall consider the recommendations of the council on the plan for integrated emergency medical services in the state, development of emergency medical services funding areas, development of the emergency medical services funding areas application process and budget criteria, and other issues relating to emergency medical services as determined by the state health officer. Council members are entitled to reimbursement for expenses in the manner provided in section 44-08-04. The department shall establish by policy the length of terms and the method for rotation of membership.

#### **23-46-03. Emergency medical services funding areas.**

The state department of health shall establish and update biennially a plan for integrated emergency medical services in this state. The plan must identify ambulance operations areas, emergency medical services funding areas that require state financial assistance to operate a minimally reasonable level of emergency medical services, and a minimum reasonable cost for an emergency medical services operation. The department shall designate emergency medical services funding areas based on criteria adopted by the health council and published in the North Dakota Administrative Code.

#### **23-46-04. State financial assistance for emergency medical services - Confidential information - Annual allocation.**

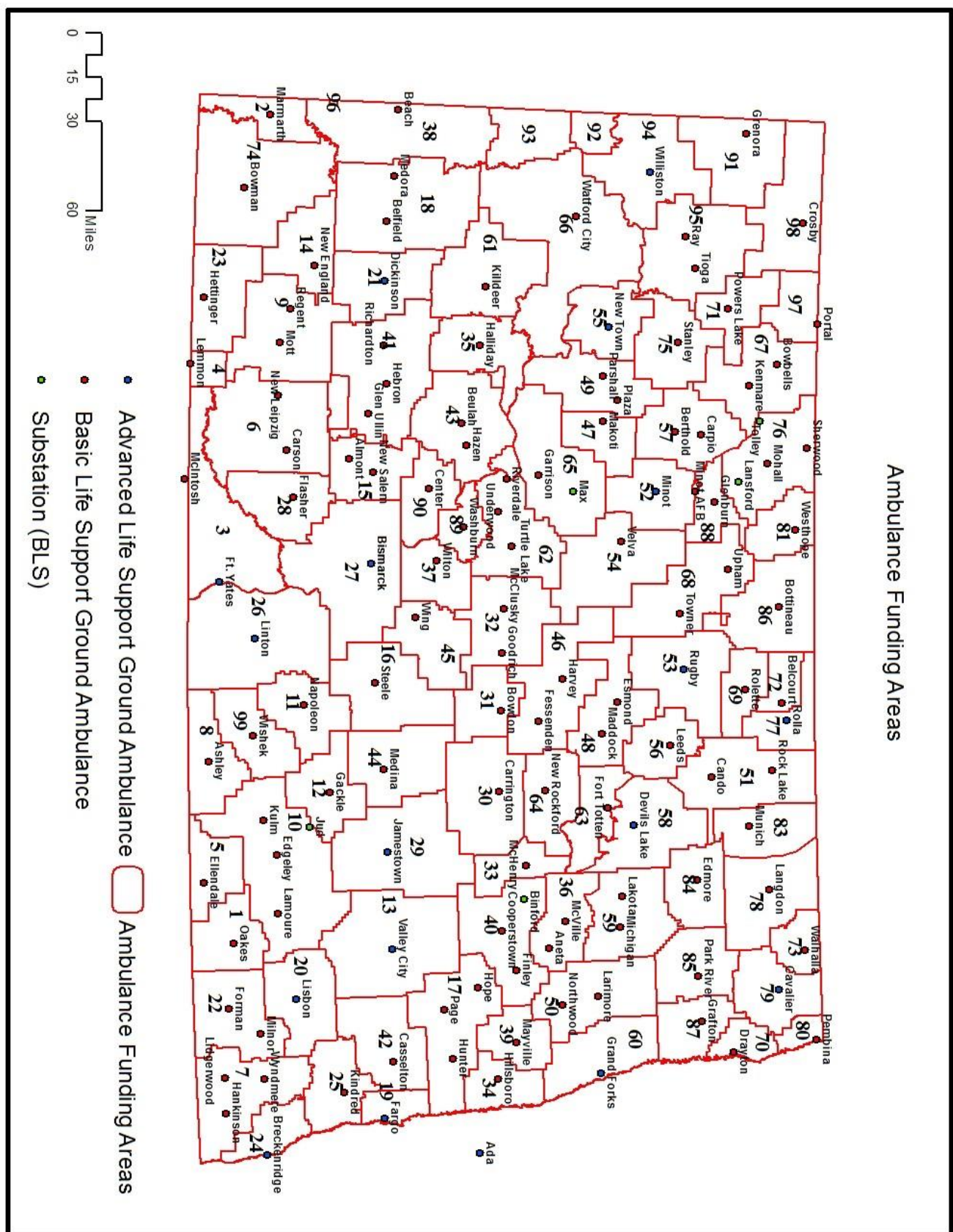
Emergency medical services operations that request financial assistance from the state must provide requested fiscal information to the state department of health for use in financial assistance determinations. All information provided to the department under this section is confidential. The state department of health shall determine annually the allocation amount of state financial assistance for each emergency medical services funding area based on the department's determination of:

1. The minimum annual funding necessary to operate the emergency medical services operation or service designated to operate in the ambulance funding area, based on the financial needs unique to each emergency medical services funding area.
2. Required local matching funds commensurate with at least ten dollars per capita within the emergency medical services funding area.

**23-46-05. State financial assistance for emergency medical services - Distribution**

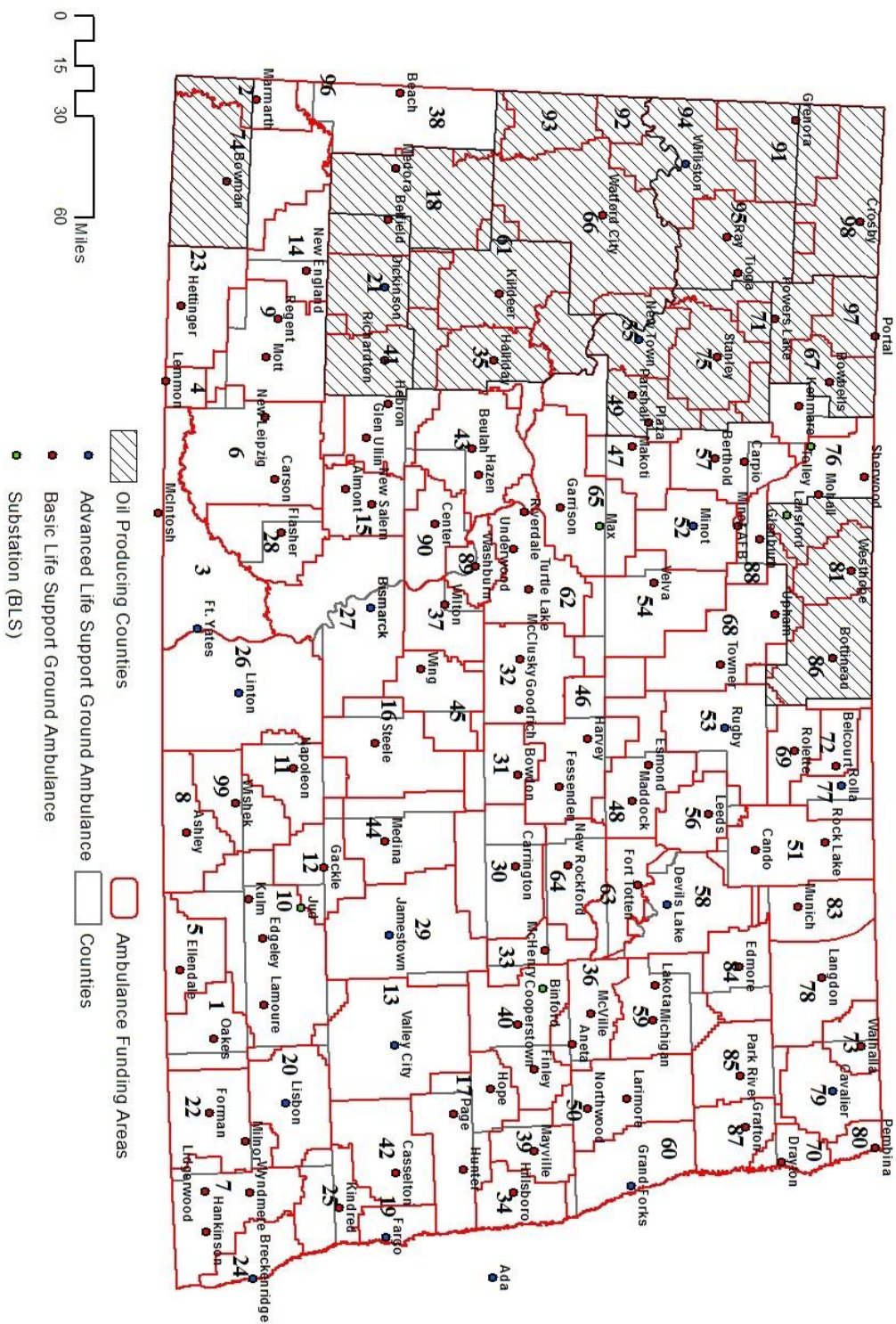
**limit.** During the first year of the biennium, the state department of health may not distribute more than one million two hundred fifty thousand dollars of the biennial legislative appropriation for state financial assistance for emergency medical services.

## Appendix B - Maps





# Ambulance Funding Areas



## Appendix C – Match

Funding Area	Total Population	Square Miles	Required Match
1	2,888	527.2	\$28,880.00
2	236	390.2	\$2,360.00
3	4,160	1,128.3	\$41,600.00
4	124	144.1	\$1,240.00
5	2,279	448.6	\$22,790.00
6	2,142	1,285.9	\$21,420.00
7	4,441	893.8	\$44,410.00
8	1,330	569.2	\$13,300.00
9	1,688	1,043.8	\$16,880.00
10	4,565	1,628.3	\$45,650.00
11	1,331	583.2	\$13,310.00
12	969	568.6	\$9,690.00
13	10,589	1,352.0	\$105,890.00
14	1,112	569.9	\$11,120.00
15	1,935	547.1	\$19,350.00
16	2,073	897.7	\$20,730.00
17	3,220	1,001.9	\$32,200.00
18	2,449	1,394.9	\$24,490.00
19	138,583	230.1	\$1,385,830.00
20	5,078	689.6	\$50,780.00
21	21,520	690.5	\$215,200.00
22	3,832	764.9	\$38,320.00
23	2,131	689.4	\$21,310.00
24	10,342	355.8	\$103,420.00
25	4,573	534.7	\$45,730.00
26	3,520	1,490.3	\$35,200.00
27	102,588	1,468.8	\$1,025,880.00
28	840	627.3	\$8,400.00
29	19,679	1,262.2	\$196,790.00
30	3,681	945.2	\$36,810.00
31	565	448.2	\$5,650.00
32	1,039	821.4	\$10,390.00
33	567	343.5	\$5,670.00
34	3,128	394.3	\$31,280.00
35	953	665.0	\$9,530.00
36	1,489	541.2	\$14,890.00
37	1,750	466.8	\$17,500.00
38	1,717	1,159.9	\$17,170.00
39	4,505	410.4	\$45,050.00
40	3,221	892.0	\$32,210.00
41	3,472	1,239.2	\$34,720.00
42	5,756	741.8	\$57,560.00

<b>Funding Area</b>	<b>Total Population</b>	<b>Square Miles</b>	<b>Required Match</b>
43	8,413	1,014.9	\$84,130.00
44	1,227	783.7	\$12,270.00
45	635	588.6	\$6,350.00
46	4,376	1,033.9	\$43,760.00
47	676	405.8	\$6,760.00
48	1,290	750.7	\$12,900.00
49	1,799	706.2	\$17,990.00
50	4,936	834.1	\$49,360.00
51	2,167	957.0	\$21,670.00
52	51,293	584.6	\$512,930.00
53	4,122	846.3	\$41,220.00
54	3,586	1,000.2	\$35,860.00
55	3,491	578.6	\$34,910.00
56	1,189	454.0	\$11,890.00
57	1,850	719.3	\$18,500.00
58	10,895	826.8	\$108,950.00
59	2,099	783.4	\$20,990.00
60	62,373	683.6	\$623,730.00
61	2,066	955.1	\$20,660.00
62	2,859	856.8	\$28,590.00
63	4,197	453.8	\$41,970.00
64	2,233	571.5	\$22,330.00
65	3,907	1,052.2	\$39,070.00
66	4,598	2,015.6	\$45,980.00
67	2,350	894.2	\$23,500.00
68	1,686	959.0	\$16,860.00
69	1,222	356.1	\$12,220.00
70	1,051	232.4	\$10,510.00
71	795	467.3	\$7,950.00
72	9,577	235.5	\$95,770.00
73	1,503	284.7	\$15,030.00
74	3,399	1,576.0	\$33,990.00
75	2,887	662.8	\$28,870.00
76	2,304	867.5	\$23,040.00
77	3,113	382.8	\$31,130.00
78	3,176	842.8	\$31,760.00
79	3,842	601.5	\$38,420.00
80	755	137.5	\$7,550.00
81	1,160	407.1	\$11,600.00
82	4,261	7.3	\$42,610.00
83	703	544.7	\$7,030.00
84	774	519.2	\$7,740.00
85	3,958	585.1	\$39,580.00



<b>Funding Area</b>	<b>Total Population</b>	<b>Square Miles</b>	<b>Required Match</b>
86	4,594	892.9	\$45,940.00
87	7,185	463.5	\$71,850.00
88	2,341	323.1	\$23,410.00
89	1,865	286.3	\$18,650.00
90	1,459	450.9	\$14,590.00
91	756	820.1	\$7,560.00
94	19,197	987.2	\$191,970.00
95	3,250	1,074.1	\$32,500.00
97	638	355.5	\$6,380.00
98	1,884	931.3	\$18,840.00
99	1,573	551.5	\$15,730.00